

Figure SC810.F41. Sample Letter - Occupational Disease vs. Traumatic Injury

**USE INSTALLATION LETTERHEAD**

FROM: AAAA-BB

Date

SUBJECT: Controversion of COP, James O. Smith, DOI: May 27, 1994

TO: Office of Workers' Compensation Programs  
Street Address  
City, State Zip Code

Dear Claims Examiner:

The attached claim for continuation of pay (COP) benefits from our employee, Mr. James O. Smith, is controverted in accordance with 20 CFR 10.201(a)2, since the stated disability appears to be the result of an occupational illness rather than a traumatic injury.

In Item 13, Cause of Injury, of the CA-1, Mr. Smith states he was subjected to repeated incidents during the workweek of May 23-27, 1994. Since the cause of injury fails to meet the "single workday or shift" requirement of the FECA for a traumatic injury, his claim for COP has been denied pending adjudication of his claim by your office. We request your office confirm our decision by upholding the controversion.

Your earliest consideration of our request is appreciated. If you have any questions, please contact Jane I. Green at (614) 522-0001.

Sincerely,

MELVIN A. BROWN  
Injury Compensation Program  
Administrator

3 Encl

1. Form CA-1
2. Form CA-20
3. OWCP-1500

cc: Mr. James O. Smith  
Supervisor